



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

2008-2009 ALTERNATIVE EDUCATION PROGRAM ASSURANCES

Please provide the following information:

District Name: _____ **District Code:** _____

Address: _____
Street – P.O. Box _____ City _____ Zip Code _____

Contact Person: _____ **Title:** _____

Phone Number: (____) _____ **E-Mail Address:** _____
Area Code Number

Assurances:

- 1) It is assured that the Alternative Education Program will operate for a minimum of _____ clock hours.
- 2) It is assured that the Alternative Education Program is an identifiable program not regularly available to general district pupils.

Assurances and Certifications: By signing this statement of assurances, I certify that the district agrees to abide by all of the above assurances and will comply with all state regulations pertaining to the program. Non-compliance will rescind this waiver and the 1098 minimum will be in effect.

Signature of Superintendent or Authorized Official

Date

Type or Printed Name

Waiver Application Review Sheet must be filled out and attached.

STATE BOARD OF EDUCATION

KATHLEEN N. STRAUS – PRESIDENT • JOHN C. AUSTIN – VICE PRESIDENT
CAROLYN L. CURTIN – SECRETARY • MARIANNE YARED MCGUIRE – TREASURER
NANCY DANHOF – NASBE DELEGATE • ELIZABETH W. BAUER
REGINALD M. TURNER • CASANDRA E. ULBRICH

608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • (517) 373-3324